

FOOD STAMP BUDGET WORKSHEET/CHANGE REPORTING HOUSEHOLDS

CASE NAME	CASE NUMBER	COMPANION CASE REFERENCE	CLASSIFICATION <input type="checkbox"/> NA <input type="checkbox"/> PA <input type="checkbox"/> MIXED <input type="checkbox"/> TFS	
CERTIFICATION PERIOD FROM THROUGH	ISSUANCE MONTH	ISSUANCE MONTH	DOCUMENTATION	
PART 1 - GROSS INCOME ELIGIBILITY				
A. NONEXEMPT GROSS EARNED INCOME 1. Gross Salary, Wages 2. Self-Employment 3. Training Allowance 4. Total Gross Earned Income (A1 + A2 + A3)	\$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____		
B. NONEXEMPT GROSS UNEARNED INCOME 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (B1 + B2 + B3 + B4 + B5)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
C. GROSS INCOME TEST 1. Household Size 2. Maximum Gross Income Allowed (from Table) 3. Total Gross Monthly Income (A4 + B6) 4. Gross Income Eligible? (Is C3 less than or equal to C2?)	_____ \$ _____ \$ <input type="checkbox"/> YES <input type="checkbox"/> NO	_____ \$ _____ \$ <input type="checkbox"/> YES <input type="checkbox"/> NO		
PART 2 - NET INCOME ELIGIBILITY				
D. INCOME (For Prospective Budgets Only) 1. Adjusted Gross Earned Income (80% of A4) 2. Nonexempt Gross Unearned Income (B6 + D1)	\$ _____ \$ _____	\$ _____ \$ _____		
E. NONEXEMPT GROSS EARNED INCOME (For Retrospective Budgets Only) 1. Gross Salary, Wages 2. Self-employment 3. Training Allowance 4. Total Gross Earned Income (E1 + E2 + E3) 5. Adjusted Gross Earned Income (80% of E4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
F. NONEXEMPT GROSS UNEARNED INCOME (For Retrospective Budgets Only) 1. Cash Aid 2. Social Security, UIB, DIB, Pensions 3. Child/Spousal Support 4. Scholarships, Grants, Loans 5. Other 6. Total Gross Unearned Income (F1 + F2 + F3 + F4 + F5) 7. Total Nonexempt Gross Income (E5 + F6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
G. STANDARD/DEPENDENT CARE/HOMELESS SHELTER/DEDUCTIONS 1. Standard Deduction: 2. Dependent Care (Lesser of Actual or Maximum) Child(ren) under two Child(ren) two and over/all other dependents Total Dependent Deductions 3. Homeless Shelter Deduction 4. Total Deductions (G1 + G2 + G3) 5. Preliminary Adjusted Income (D2 - G4 or F7 - G4)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
H. SHELTER DEDUCTION 1. Total Housing Costs 2. Total Utility Allowance 3. Total Shelter Costs 4. Allowable Shelter Costs (50% of G5) 5. Excess Shelter Costs (H3 - H4) 6. Maximum Allowance for Shelter 7. Allowable Shelter Deduction (Less of H5 or H6)	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____		
I. NET MONTHLY INCOME (G5 - H7)	\$ _____	\$ _____		
J. NET INCOME TEST 1. Household Size 2. Maximum Net Income Allowable from 3. Net Income eligible	\$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____ \$ _____ <input type="checkbox"/> YES <input type="checkbox"/> NO		
PART 3 - BENEFITS				
	ALLOTMENT	SUPPLEMENT		
E.W. Initials/Date				

K. RESOURCE ELIGIBILITY (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
1. Previous Month's Resources	\$ _____	\$ _____
2. Additional Resources (specify)	_____	_____
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
3. Subtotal (K1 + K2a + K2b + K2c)	\$ _____	\$ _____
4. Resources Sold, Traded or Given Away (specify)		
a. _____	\$ _____	\$ _____
b. _____	_____	_____
c. _____	_____	_____
5. Subtotal (K4a + K4b + K4c)	\$ _____	\$ _____
6. Current Resources (K3 - K5)	\$ _____	\$ _____
7. Resource Eligible?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4—INCOME COMPUTATIONS

L. SELF-EMPLOYMENT (Nonexempt Resources Only)	ISSUANCE MONTH	ISSUANCE MONTH
1. Gross Income from Self-Employment	\$ _____	\$ _____
2. Expenses: <input type="checkbox"/> Standard 40% Deduction	_____	_____
<input type="checkbox"/> Actual Expenses (Verification Required)	_____	_____
3. Total Nonexempt Income from Self-Employment	\$ _____	\$ _____
If averaging self-employment income go to L7. If adjusting a previous average, continue to L4.		
4. Adjustment to Gross Income	\$ _____	\$ _____
5. Adjustment to Expenses	_____	_____
6. Adjusted Self-Employment Income (L3 + L4 + L5)	\$ _____	\$ _____
7. Monthly Self-Employment Income (L3 or L6 ÷ number of months income covers)	\$ _____	\$ _____

M. EDUCATIONAL GRANTS, SCHOLARSHIPS AND LOANS	ISSUANCE MONTH	ISSUANCE MONTH
1. Income from Grants, Scholarships or Loans		
2. Tuition and Mandatory Fees	\$ _____	\$ _____
3. Total Nonexempt Educational Income (M1 – M2)	_____	_____
4. Monthly Income from Grants, Scholarships or Loans (M3 ÷ number of months income covers)	\$ _____	\$ _____

PART 5—REPORTED CHANGES (Other than the CA 7 or DFA 377.5)

Type of Change					
Date Change Occurred					
Date Change Reported					
EW Initials					